

Bureau of Health Care Quality and Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS639HOS | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/12/2011 |
| NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL AND MEDICAL CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| S 000 | <p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 05/12/11 and finalized on 05/12/11, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Complaint #NV00028141 - The allegation regarding unsanitary physical environment on a nursing unit was substantiated. (See Tag# S0105)</p> <p>Complaint #NV00028068 - The allegation regarding infection control practices not followed by nursing staff in the Infusion Center was unsubstantiated. The allegation of inadequate medical equipment available for patient use was unsubstantiated. The allegation regarding improper nursing assessment and administration of blood products was unsubstantiated.</p> <p>Complaint #NV00028235 - The allegation regarding discharge of a patient without adequate services in place was unsubstantiated.</p> <p># NV00028068: The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 05/12/11.</p> <p>The investigation included:</p> <p>Observations of the Infusion Center.</p> <p>Observations verified all areas of the Infusion</p> | S 000 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| S 000 | <p>Continued From page 1</p> <p>Center including infusion chairs, tables, infusion pumps, oxygenators, environmental surfaces, floors and walls were found to be clean and sanitary. All areas were observed to be cleaned with EPA approved disinfectant after patient use. Nursing staff were observed using proper hand hygiene and glove use when providing patient care. There was adequate oxygenators, oxygen tanks available for patient use. There were adequate electrical outlets to accommodate equipment used for patient care.</p> <p>Interviews were conducted with the Administrative Director of the Infusion Center, Charge Nurse of the Infusion Center, Vice President of Quality, Regulatory Compliance Coordinator, and the Laboratory Administrative Director.</p> <p>Review of Policies and Procedures which included: Blood Transfusion Policy and Procedure, Patient Identification Policy and Procedure, Risk Management Online Notification Policy and Procedure and Blood Transfusion Incident Report.</p> <p>Nursing staff identified a discrepancy in patient identification verification when preparing to administer a blood transfusion and immediately notified the facility lab. The nursing staff followed blood transfusion policy and procedure and the blood transfusion was not administered until patient verification was confirmed. The error was a result of a scanning problem by the blood bank staff. The allegations regarding inadequate medical equipment, inadequate electrical outlets and infection control practices not being followed by nursing staff working in the Infusion Center were not substantiated.</p> <p>#NV00028235: The complaint process was</p> | S 000 | | | |

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| S 000 | Continued From page 2 initiated by the Bureau of Health Care Quality and Compliance on 05/12/11. Interviews were conducted with the Regulatory Compliance Coordinator and the patients Case Manager. Review of one (1) medical record was completed. Review of Policies and Procedures included Discharge Planning/ Case Management Policies. The facility's Case Management department followed physician discharge orders and made the appropriate arrangements for home health care, supplies, teaching and services for the patient. Documentation in the medical record indicated the patients representative and responsible party agreed to the services provided. There were no discharge planning deficiencies identified. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The following deficiencies were identified. | S 000 | | | |
| S 105 SS=E | NAC 449.322 Housekeeping Services 1. A hospital shall establish organized | S 105 | | | |

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| S 105 | <p>Continued From page 3</p> <p>housekeeping services planned, operated and maintained to provide a pleasant, safe and sanitary environment. Adequate personnel, using accepted practices and procedures, shall keep the hospital free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and document review the facility's housekeeping staff failed to ensure patient rooms and bathrooms on the 500 East nursing unit were kept clean and sanitary and free from an accumulation of dust, dirt, trash, rubbish and pests.</p> <p>Findings include:</p> <p>On 05/12/11 at 10:30 AM a tour of unit 500 East was conducted with the Regulatory Compliance Coordinator and Administrative Director of the Infusion Center. The following observations were made.</p> <p>1. Room East 546: A drinking cup that contained blood was located in a trash can in the bathroom. The bathroom floor was dirty with brown dirt and grime around the toilet and sink area.</p> <p>2. Room East 554: The floor in the bathroom had an accumulation of dirt and grime around the toilet and sink area.</p> <p>3. Room East 561: The floor in the room had an accumulation of trash which included six used EKG leads, a contaminated 2X2 dressing, a used straw, a used fork and a packet of salad dressing. The floor in the bathroom had an accumulation of brown dirt and grime around the toilet and sink.</p> | S 105 | | | |

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| S 105 | <p>Continued From page 4</p> <p>4. Room East 565 was a designated a clean room that was ready for an admission. A dead cockroach was located on the floor under a window. The bathroom had an accumulation of dirt around the sink and toilet area.</p> <p>5. Room East 566: Drops of blood were located on the floor by the patient ' s bed along with a used betadine pad. The patient reported his intravenous line became detached and blood from his intravenous site leaked out onto the floor.</p> <p>On 05/12/11 at 10:50 AM an interview was conducted with the Environmental Services Director who reported during the day shift one housekeeper was assigned to East 5 unit to conduct daily cleaning of patient rooms and bathrooms, hallways and nursing station area. The Director reported one housekeeper was responsible for completing a seven step cleaning process on each patient room. There were 36 rooms located on the East 5 unit. The Director estimated a typical patient room would take a housekeeper ten to fifteen minutes to clean. The Director confirmed the housekeepers worked eight hour shifts. The cleaning of all 36 patient rooms on the unit would take six to nine hours depending on a ten minute or fifteen minute time frame per room. The Director reported there were ten to fifteen housekeepers assigned on the swing shift to clean rooms where patients had been discharged. The Director reported there were two to three housekeepers staffed for the night shift to perform cleaning duties for the entire facility.</p> <p>The facility ' s Environmental Services 7 Step Cleaning Process Policy dated 2010 included the following:</p> | S 105 | | | |

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| S 105 | <p>Continued From page 5</p> <p>The 7 steps of the cleaning process are:</p> <ol style="list-style-type: none"> 1. Pull trash and linen 2. Complete high dust process. 3. Damp wipe all contact surfaces. 4. Thoroughly clean the restroom. 5. Dust mop properly 6. Damp mop all appropriate areas. 7. Inspect the work according to the Sodexo Shine Standards. <p>A review of the Patient Satisfaction Log for unit 500 East from May 2010 to March 2011 revealed twenty five instances where patients complained of dirty patient rooms and bathrooms on unit.</p> <p>Severity: 2 Scope: 2</p> <p>Complaint # 28141</p> | S 105 | | | |

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